SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)

Privacy Act Statement

Public Law 99-474, the Counterfeit Access Device and Computer Fraud and Abuse Act of 1984, authorizes collection of this information. The information will be used to verify that you are an authorized user of a Government automated information system (AIS) and/or to verify your level of Government security clearance. Although disclosure of the information is voluntary, failure to provide the information may impede or prevent the processing of your "System Authorization Access Request (SAAR)". Disclosure of records of the information contained therein may be specifically disclosed outside the DoD according to the "Blanket Routine Uses: set for at the beginning of the DISA compilation of systems of records, published annually in the Federal Register, and the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act.

TYPE OF REQUEST	☐ INITIAL ☐ MODIFICATION ☐ DELETION	DATE

PART I (*To be completed by user*)

1. NAME (*LAST,First, MI*)	2. SOCIAL SECURITY NUMBER

3. ORGANIZATION	4. OFFICE SYMBOL/DEPARTMENT	5. ACCOUNT CODE

6. JOB TITLE/FUNCTION	7. GRADE/RANK	8. PHONE (DSN)

STATEMENT OF ACCOUNTABILITY

I understand my obligation to protect my password. I assume the responsibility for data and system I am granted access to. I will not exceed my authorized access.

USER SIGNATURE	DATE

PART II (*To be completed by User's Security Manager*)

9. CLEARANCE LEVEL	10. TYPE OF INVESTIGATION	11. DATE OF INVESTIGATION	14. DATE

12. VERIFIED BY (Signature)	12a. VERIFIED BY (Print or Type)	13. PHONE NUMBER

PART III (*To be completed by User's Supervisor*)

15. ACCESS REQUIRED (Location - i.e. DMC or DMC's)

16. ACCESS TO CLASSIFIED REQUIRED ? ☐ NO ☐ YES	17. Type of user ☐ FUNCTIONAL ☐ SYSTEM	☐ SECURITY ADMINISTRATOR ☐ APPLICATION DEVELOPER ☐ OTHER (Specify)

18. JUSTIFICATION FOR ACCESS

VERIFICATION OF NEED TO KNOW

I certify that this user requires access as requested in the performance of his/her job function.

19. SIGNATURE OF SUPERVISOR	19a. PRINTED OR TYPED NAME OF SUPERVISOR

20. ORG / DEPT	21. PHONE NUMBER	22. DATE

23. SIGNATURE OF FUNCTIONAL DATA OWNER/OPR	23a. PRINTED OR TYPED NAME OF SUPERVISOR

24. ORG/DEPT	25. PHONE NUMBER	26. DATE

PART IV (*To be completed by AIS Security Staff adding user*)

27. USERID (*Mainframe*)	28. USERID (*Mid-Tier*)	29. USERID (*Network*)

30. SIGNATURE	31. PHONE NUMBER	32. DATE

DISA Form 41, Sep 1996 (EF)